

To: Bureau of Medicine and Surgery

Subject: Historical Supplement to Fourth Quarterly Sanitary Report of December 31, 1945; Cumulative Report For Period of World War II.

In 1943 the Bureau of Medicine and Surgery was cognizant of an increasing number of patients suffering from psychoneurotic manifestations and fatigue states as a result of severe stress in combat and prolonged operations. In order to provide the facilities for the care and treatment of these patients, the Bureau of Medicine and Surgery set in operation the plans for the construction of a naval hospital to be staffed and equipped for special care of patients returning from overseas service suffering from the psychoneuroses and the fatigue states. It was decided to make this a general hospital with three fourths of the beds allotted to neuropsychiatry.

I Chronology

- A. January 6, 1944. Construction of the hospital commenced.
- B. August 15, 1944. With appropriate ceremonies, the U. S. Naval Hospital, San Leandro, California was placed in commission. Capt. F. L. McDaniel, MC, USN assumed the Command of the station.
- C. December 8, 1944. Capt. A. A. Marsteller, MC, USN assumed Command of this hospital relieving Capt. F. L. McDaniel, MC, USN.
- D. April 16, 1945. Capt. W. F. Kennedy, MC, USN assumed Command of this hospital relieving Capt. A. A. Marsteller, MC, USN.
- E. May 1945. A complete reorganization of the rehabilitation program was made, and a neuropsychiatrist was placed in charge of the program.
- F. There were many additional structures and alterations of the architecture of the hospital during this period. Each and every change enhanced the treatment of patients and added to the appearance of the hospital.
- G. August 1944. An entire ward building was assigned as a recreation hall for the patients. It afforded an ideal location for family visitation, reading, writing letters, music appreciation, and other allied social activities.

- H. October 1, 1944. A regular course of instruction was instituted in Neuropsychiatry for hospital corpsmen. Each class receives four months of instruction.
- I. November 1944. A modern swimming pool was completed serving the purpose of both physical fitness and natural hydrotherapy treatment for patients and staff. This is supervised by the Physical Fitness Department.
- J. In April seven areas between various wards were made "play areas" for sport activities. The areas were surfaced and smoothed with asphalt. These locations increased the physical outlet of patients and encouraged inter-ward rivalry and competition. This was a great aid in general therapy.
- K. May 1945. The Occupational Therapy Department was enlarged in order to facilitate and increase the treatment of a greater number of patients with this type of therapy.
- L. June 1945. The construction of a large athletic field was begun to include facilities for tennis courts, two softball fields, horseshoe pits, and archery. This was another essential need in the physical fitness program for the treatment of patients.
- M. September 13, 1945. The hospital's medical staff presented a scientific neuropsychiatric program for the California Society of Neurology and Psychiatry.
- N. From the date of Commissioning, alterations in the landscape and grounds resulted in a progressive beautification of the entire compound. This added to the care and treatment of the patients offering needed peace and solitude.

II Organization

The hospital was organized and functioned as a part of the 12th Naval District, subject to the Commandant of the 12th Naval District. The medical facilities operated under the supervision of the 12th Naval District Medical Officer subject to the Commandant of this district.

III Narrative Account

A. Hospital Organization

The hospital was organized as a general naval hospital for the treatment and care of all types of casualties, medical, surgical, and special, including psychiatric disabilities. From its inception, the various Commanding Officers and the Executive Officer were cognizant of the general type of the hospital with stress on the fatigue states and the psychoneuroses.

There were twenty-five wards with a total capacity of 1621 beds. Approximately 500 of these beds were assigned to general medicine and surgery with the remaining 1100 being allotted to neuropsychiatry. The hospital's medical staff averaged thirty-five medical officers, of whom 20 were trained neuropsychiatrists and the remainder, internists and surgeons. The Clinical Director of the hospital was a neuropsychiatrist, ably assisted by the Chief of Medicine and the Chief of Surgery.

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Various departments such as Personnel, Disbursing, Maintenance, Pharmacy and Accounting, Ship's Service and Security were adequately staffed and managed by appropriate personnel.

It proved medically advisable and absolutely essential that the hospital have all the facilities of a general hospital. The X-ray Department with its medical officer and staff was invaluable in completing the studies of each patient. The laboratory with its officer and staff aided in the complete study of each patient. The four Dental officers worked diligently and conscientiously accomplishing a great deal of essential work. Physiotherapy contributed a great deal to the healing of all types of disabilities.

The organization of the staff and hospital facilities as a general hospital proved to be the only adequate method to insure the complete treatment of the

fatigue states and the psychoneuroses. The complete studies of every patient and the interchange of medical opinions among the staff resulted in the best method for study, treatment, and care of all patients, especially the fatigue states and the psychoneuroses.

IV Additional Data - Sidelines of Special Subjects

A. Selection of Patients

In keeping with the special purpose of the hospital, the Surgeon General issued the following directive regarding the selection of special types of patients to be admitted to this hospital.

To: DMO, 12 MD

Subj: Types of Neuropsychiatric Patients Eligible for Admission to U. S. Naval Hospital, San Leandro, California.

1. The Bureau has established an allotment of 1000 beds for neuropsychiatric patients in the U. S. Naval Hospital, San Leandro, Calif. The remaining beds in this hospital will be allocated to general medical and surgical patients.

2. Neuropsychiatric facilities of the U. S. Naval Hospital, San Leandro, California have been designated exclusively for the treatment of specific neuropsychiatric disabilities in naval personnel directly returned from the Pacific Theatre of Operations as follows:

A - Fatigue, Combat and Operational

B - Psychoneuroses, War Neuroses

C - Psychoneuroses Anxiety Neuroses (of combat origin)

D - The Convulsive States (Epilepsy)

E - Organic Neurological Conditions

3. To insure psychiatric treatment for these patients it is the desire of the Bureau that Neuropsychiatric patients suffering from the following disabilities: not be transferred to the U. S. Naval Hospital, San Leandro, California:

A - All psychoses

B - All Constitutional Psychopathic States

C - Mental Deficiency

4. It is the desire of the Bureau that this medical activity not receive for admission neuropsychiatric patients either transferred from other naval hospitals within the continental limits or neuropsychiatric patients admitted directly from local naval activities.

5. Consistent with the above restrictions on the types of neuropsychiatric patients eligible for admission to the U. S. Naval Hospital, San Leandro, California, all neuropsychiatric patients admitted to this hospital will be studied treated and disposed of without resort to re-transfer to other naval hospitals, with the exception of those patients who develop psychotic reactions.

/s/ ROSS T. McINTIRE
Vice Admiral (MC) USA
Chief of Bureau

This directive was adhered to and the careful screening at the Receiving Hospital in San Francisco has insured the proper selection and admission of the patients more apt to respond to treatment at this hospital. This type of selection proved invaluable in the ultimate success of the hospital's therapeutic program.

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B. Complete Medical and Surgical Studies

Following admission to the hospital each and every patient, regardless of his disability had a thorough physical examination. The neuropsychiatric patient received also a neurological examination and a complete psychiatric examination and all necessary x-ray and laboratory studies.

C. Treatment

1. General Care

During and following initial studies, every patient received medical and surgical treatment in the way of drugs, physiotherapy, and any special therapy in keeping with his individual needs.

2. Rehabilitation Therapy

Following thorough and complete medical studies, every patient, regardless of their disability was placed on a compulsory treatment regime as

part of the hospital rehabilitation program, in keeping with their physical disability, as determined by their respective medical officers, all patients took part in the group program. They participated in an active physical fitness program or received hydrotherapy in the form of group swimming in the pool with temperate water daily. To serve the intellectual needs of their personality, they were treated daily either in Occupational Therapy or as a similar counterpart, received some type of educational activity.

The compulsory element in the program proved to be the only practical method of insuring adequate treatment for all patients. This resulted in surprisingly little resentment on the part of the participants. The program resulted in treatment for all in a group and actually accelerated the recovery of patients with general improvement in morale and decrease in the length of hospitalization.

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3. Special Psychotherapy

In addition to the routine treatment and general psychotherapy of the rehabilitation program, various other individual or special types of psychotherapy were utilized in keeping with individual needs and demands.

(a) Group Psychotherapy

The limitation of trained neuropsychiatrists and the large number of neuropsychiatric disabilities in war time made individual psychotherapy very difficult. These patients had so many factors of their illness in common, including age, etiology, symptomatology, and physical findings, that it was believed "group treatment" seemed advisable. Therefore, discussions with their respective medical officer of groups of twenty patients were utilized. As a result of this treatment more patients in a group received the equivalent of individual

psychotherapy.

(b) Audio-visual Psychotherapy

In keeping with modern treatment concepts the use of motion pictures were used as a psychotherapeutic method in selected cases. Two films demonstrating the many factors which operate and terminate in the fatigue states called, "Introduction to Combat Fatigue" and "Irritability" were shown. The understanding and identification obtained by many patients was believed by the majority of the medical officers to be a beneficial adjunct to their individual psychotherapy. A film, "Assignment Home" was shown to all neuropsychiatric patients prior to discharge from the service. As a terminal phase to their general psychotherapy, this film was very beneficial to those patients returning to civilian life. In general, audio-visual methods were an excellent adjunct to the general and individual psychotherapeutic methods used by the medical officers.

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(c) Barco-Synthesis

In special cases by the use of either sodium pentothal or sodium amytal, sedation was utilized for both diagnostic and therapeutic purposes. In general, it was believed by the majority of the staff that this type of therapy had limited value in the treatment of the fatigue states. Many factors played a role in this belief, principally the duration of the illness of the patient and time elapsed before admittance to this hospital. However, in specific cases with prison combat guilt, very favorable results were obtained and at the same time effected a short-cut to long analytical approach.

(d) Hypnosis Therapy

As an aid both diagnostically and therapeutically in selected

cases hypnosis proved to be of useful and limited value by several members of the medical staff.

(e) Insulin Therapy

As a general medical aid in selected cases, the use of mild doses of insulin in sub-shock or tonic doses was believed to have some therapeutic value in the restoration of general metabolic functions as appetite, weight, sleep, and at times had a mild sedative effect. Insulin in larger "shock doses" was believed neither medically, therapeutically, or practically advisable for the fatigue states or psychoneuroses at the time of their admission to this hospital.

(f) Shock Therapy

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The use of "shock" therapy in this hospital was never utilized. These various types of convulsive therapy have proved of considerable value in the treatment of selected psychotic patients or total personality disorders. The few psychotic cases received at this hospital through error were transferred as quickly as possible to another general hospital staffed, equipped, and designated as a treatment facility for this type of illness. Therefore, shock therapy was not utilized at this hospital.

(g) Narcosis Therapy

Narcosis Therapy or the "prolong sleep" type of therapy was not utilized at this hospital. The reaction types of illness or the fatigue states and psychoneuroses, as well as the severity and duration of their illnesses at the time of admission to this hospital did not warrant medically the utilization of this form of therapy. It probably would have some value in the initial stages of their hospitalization, but not at the stage of the illness when finally admitted to this hospital.

D. Research Program

Scientific Research studies relating to various medical problems presented in this type of hospital have been in progress. This will add new knowledge to medicine and also has enhanced the skill and the treatment of the individual patient.

1. Electro-encephalographic studies on fatigue states and blast concussion were observed, recorded, interpreted, and analyzed.
2. Studies were made on the "group psychotherapy" method of treatment of the fatigue states and psychoneuroses. The results of "the group" method in rehabilitation work in military life were observed and proved to be practical and beneficial.
3. Patients with epilepsy or convulsive states were studied with special neurological, psychological, and electro-encephalographic approach. This was completed with promising results for further study and investigation.
4. The gastric and duodenal ulcer patients were studied with a psychosomatic approach. The environmental factors were studied as an etiological agent in conjunction with the Langley Porter Psychiatric Clinic of the University of California Medical School.
5. The psychoneuroses and fatigue states were studied along a psychobiological approach with emphasis on the "unit environment." The total approach to these illnesses with emphasis on the unit was in keeping with the modern psychosomatic trend in medicine.
6. During the routine studies of the fatigue states and the psychoneuroses in war, somatic disease was so frequently present either as a prodromal, concurrent, or complicating problem that this study was investigated

scientifically for research purposes.

I. Disposition

In keeping with sound medical judgement and good psychotherapy the hospital was made an end point in the patients hospitalization. Final disposition in relation to the naval service was determined at the end of an average five weeks of therapy. Transfers to other hospitals as well as convalescent leaves prior to disposition were not granted, in general, in keeping with practical psychotherapy. The average length of hospitalization varied from six to eight weeks from admission to discharge for all patients. The therapy for every patient was directed individually with a goal to returning him to duty in some capacity. As a result, an average of 34% of the patients returned to either full or limited duty. For those patients whose illness was found, following treatment, to be of such a nature or such a degree as not to warrant further military service, the goal was to prepare them for civilian life as useful citizens. It was believed that the majority of these patients had recovered their health sufficiently to enable them to adjust to civilian life as useful citizens in keeping with their previous pre-enlistment capabilities.

F. Preventive Medicine

From a mental hygiene standpoint, it is believed that the psychotherapeutic treatment rendered to every patient in this hospital was a guard for the future. It was hoped that from their illness and the treatment received, a general psychobiological reeducation took place in their total personality. This should prevent recurrence of their disabilities with future stress. If with severe stress their illness

did recur, it is believed that they have learned new habits or patterns which will decrease the severity, duration, and character of their illness.

G. Morale

The general morale of the hospital, both staff and patients, remained on a high level at all times. There were many factors which played a role in this production of "feeling tone." In general, the Welfare and Recreation Department with its frequent and excellent offerings of entertainment helped a great deal in the production of general morale.

V. Conclusions

A. The most effective factors in the organization.

1. The cooperation, support, and general understanding of the total problems by the various Commanding Officers and entire staff personnel.
2. The organization of the hospital as a general hospital. This fact plus the general medical staff proved to be highly efficient for the management of the hospital designated for fatigue and psychoneurotic reaction types. It is believed that this was the only practical medical method to organize a hospital of this type.
3. The selection of a site in an urban area which offered adequate recreation as part of treatment.
4. The hospital proved that with an adequate number of trained psychiatrists that the production of work or patient "turn-over" doubled and at the same time the quality of the work and effects of the treatment were enhanced.
5. The neuropsychiatric trained nurses and hospital corpsmen proved invaluable in enhancing the care and treatment of the psychoneuroses and fatigue states.

B. The Least Effective Factors in The Organization

1. There were no factors operating which might be considered to have interfered with the efficient organization and function of the hospital.